

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 035 ***550.00

DOCUMENT # **S98024**

1. Entity Name

STEPHEN BLACK CUSTOM HOMES, INC.



Principal Place of Business

~~402 14TH STREET S.W.~~
~~RUSKIN FL 33570~~

Mailing Address

~~402 14TH STREET S.W.~~
~~RUSKIN FL 33570~~

2. Principal Place of Business

1402 Dairde Dr

3. Mailing Address

1402 Dairde Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ruskin FL

City & State

Ruskin

Zip

33570

Country

H.L.L

Zip

33570

Country

H.L.L

4. FEI Number

59-3094915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLACK, STEPHEN

~~402 14TH STREET S.~~

RUSKIN FL 33570

1402 Dairde Dr.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 11 2003

DATE

FILE NOW!!! FEE IS-\$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVS**
STREET ADDRESS **BLACK, STEPHEN W**
CITY-ST-ZIP **402 14TH STREET S.W. 1402 Dairde Dr**
RUSKIN FL 33570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Aug 11 2003

813 294 2826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)